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2 **TURNER & SULLIVAN**
3 A Professional Corporation
4 1000 "G" Street, Suite 300
5 Sacramento, CA 95814
6 Telephone: (916) 441-1116
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8 Attorneys for Respondent

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BEFORE THE
DIVISION OF MEDICAL QUALITY
BOARD OF MEDICAL QUALITY ASSURANCE
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

11 In the Matter of the Accusation)
12 and Petition to Revoke Probation)
13 Against:)
14 RAYMOND ALVIN SCHRECONGOST, M.D.)
15 2415 West Vine Street, Suite 102)
16 Lodi, CA 95240)
17 Physician's and Surgeon's)
18 Certificate No. A-26728,)
19 Respondent.)
20 _____)

CASE NO. D-3113
OAH NO. N-21896

**APPLICATION FOR
STAY AND STAY**

18 Pursuant to Government Code section 11521(a), Respondent
19 requests that the effective date of the Division of Medical
20 Quality, Board of Medical Quality Assurance's (hereinafter
21 "Division") decision be stayed for thirty (30) days to July 24,
22 1985, so that Respondent may file a petition for reconsideration.

23 Respondent was out of the country until June 10 and did
24 not learn of the adoption by the Division of the proposed decision
25 until his return and he was not able to confer with counsel until
26 June 13, and then only by telephone. He requires additional time

1 to review the large record in the case and assist his counsel in
2 preparing the petition for reconsideration.

3 Respondent's counsel will be unable to devote the time
4 necessary to draft and file the petition timely because of the
5 press of other business.

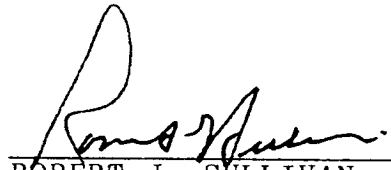
6 Respondent is not performing surgery; he is conducting an
7 office practice not involving the care of critically ill patients;
8 thus, the charges in this case do not create a risk of any
9 additional harm to the public by granting a stay.

10 Therefore, Respondent requests that the Division, after
11 considering this application and the supporting declaration of
12 Robert J. Sullivan, grant the stay.

13 Respectfully submitted,

14 TURNER & SULLIVAN
15 A Professional Corporation

16
17 Dated: June 18, 1985

18 
ROBERT J. SULLIVAN

19 -----
ORDER

20 WHEREFORE, good cause having been shown, the effective
21 date on this case is ordered stayed until July 24, 1985, when it
22 shall become effective.

23 BOARD OF MEDICAL QUALITY ASSURANCE

24
25 Dated: 6/19/85

26 By: 

BEFORE THE
DIVISION OF MEDICAL QUALITY
BOARD OF MEDICAL QUALITY ASSURANCE
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation
and Petition to Revoke Probation
Against:

RAYMOND ALVIN SCHRECONGOST, M. D.
2415 West Vine Street
Suite 102
Lodi, CA 95240

Physician's and Surgeon's
Certificate Number A-26728,

Respondent.

No. D-3113

OAH No. N-21896

DECISION

The attached Proposed Decision of the Administrative Law
Judge is hereby adopted by the Division of Medical Quality
_____ as its Decision in the
above-entitled matter.

This Decision shall become effective on June 24, 1985.

IT IS SO ORDERED May 24, 1985.

Correction of typographical error on page 6, paragraph II of the Determination of
Issues: "subparagraph (b)" is corrected to read "subparagraph (d)".



MILLER MEDEARIS
Secretary-Treasurer
Division of Medical Quality

BEFORE THE DIVISION OF MEDICAL QUALITY
BOARD OF MEDICAL QUALITY ASSURANCE
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

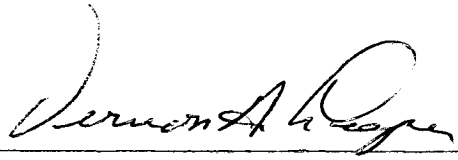
In the Matter of the Accusation)
and Petition to Revoke Probation)
Against:) NO. D-3113
)
RAYMOND A. SCHRECONGOST, M.D.) N 21896
Certificate No. A-26728,)
)
Respondent.)
_____)

ORDER DELAYING DECISION

Pursuant to section 11517(d) of the Government Code, the Division of Medical Quality, finding that a further delay is required by special circumstances, hereby issues this order delaying the decision for no more than 30 days from April 12, 1985 (when the 100-day period expires) to May 12, 1985.

The reasons for the delay are as follows: This case is on the agenda for discussion and decision at the next regularly scheduled meeting of the Division of Medical Quality, set for April 18, 1985, which is six days after the expiration of the 100-day period on April 12, 1985. Therefore, the Division needs additional time to meet and complete its work in this case, including time after the meeting to draft and type the appropriate pleading, and to effect service on the parties.

DATED: April 4, 1985



VERNON A. LEEPER
Chief
Enforcement Program

BEFORE THE
DIVISION OF MEDICAL QUALITY
BOARD OF MEDICAL QUALITY ASSURANCE
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation)
and Petition to Revoke Probation)
Against:)

RAYMOND ALVIN SCHRECONGOST, M. D.)
2415 West Vine Street)
Suite 102)
Lodi, CA 95240)

No. D-3113

OAH No. N-21896

Physician's and Surgeon's)
Certificate Number A-26728,)
Respondent.)

PROPOSED DECISION

This matter was heard by Keith A. Levy, Administrative Law Judge, Office of Administrative Hearings, on June 4, 5, 6, 7, and 8 and October 3, 4, and 5, 1984, in Sacramento, California.

June LaVerne Long, Deputy Attorney General, represented complainant.

Respondent was represented by Robert J. Sullivan, Attorney at Law.

Evidence was received and the hearing was held open for post hearing briefs. The following briefs were received and marked: Complainant's opening brief was received October 26, 1984 and marked for identification as Exhibit 24. Respondent's brief was received on November 16, 1984 and marked for identification as Exhibit J. Complainant's reply brief was received on November 30, 1984 and marked for identification as Exhibit 25. The record was closed and the matter was submitted for a decision on November 30, 1984.

The Administrative Law Judge certifies this decision and recommends its adoption.

FINDINGS OF FACT

I

Complainant, Stephen R. Wilford, the Acting Executive Director of the Board of Medical Quality Assurance of the State of California, made and filed the Accusation and Petition to Revoke Probation solely in his official capacity.

II

On or about June 25, 1975, respondent, Raymond Alvin Schrecongost, M. D. (hereinafter "respondent"), was issued physician's and surgeon's certificate number A-26728 under the laws of the State of California. The certificate is presently on probation. Effective on May 21, 1982, in a proceeding entitled "In the Matter of the Accusation Against Raymond Alvin Schrecongost, M. D.", Case Number D-2733, then pending before the Division of Medical Quality, respondent's physician's and surgeon's certificate was ordered revoked, however, execution of said order of revocation was stayed and respondent was placed on probation for a period of five years upon various terms and conditions. A true and correct copy of the stipulation and order in said proceeding is attached hereto as Exhibit A and incorporated herein by reference. The decision and all the terms and conditions of probation therein contained have been in effect since on or about May 21, 1982. By way of said stipulation and order, respondent admitted to unprofessional conduct as defined in Sections 2234, 2236, 2238, 2242 and Health and Safety Code Sections 11154, 11156, and 11190.

III

On or about June 3, 1982, starting at 7:55 a.m., respondent performed a vaginal hysterectomy and anterior colporrhaphy on patient Janice M. This procedure was immediately followed by an abdominal panniculectomy (tummy tuck) performed by Dr. Harold Griffiths, a plastic surgeon. The surgical procedure was completed at 9:50 a.m. and the patient was transferred to the surgical recovery room at 9:55 a.m. The patient was transferred from the recovery room at approximately 12:30 p.m. and the initial entry in the nurse's notes on the surgical floor was at 1:10 p.m. The patient's admitting blood work indicated she had a blood pressure of 100 over 50, pulse rate of 80 and a hematocrit of 45. Her preoperative blood pressure was 90 over 50 and pulse rate was 78. When the patient arrived on the surgical floor from the recovery room, she exhibited hypotension and tachycardia with a blood pressure of 74 over 40 and a pulse rate of 96.

IV

Shortly after the patient arrived on the surgical floor, some time between 1:30 and 2 p.m., patient's attending nurse, Ruth

Deits, became concerned with her low blood pressure readings, high pulse rate, pale appearance, and restless condition. She called the respondent to report her findings and concerns. Respondent ordered that the intravenous (I. V.) be run wide open, the I. V. solution be changed, and that the patient be watched closely. Those orders were appropriate and within the standard of care.

V

At approximately 2:30 p.m., nurse Deits called respondent again in his office to report new vital signs. Respondent ordered a Stat hematocrit and that the patient be watched closely. Those orders were appropriate and within the standard of care.

VI

A third call was made to respondent some time between 3:00 p.m. and 3:30 p.m. by either nurse Deits or the nurse supervisor, nurse Heli. The respondent was told that the patient was still hypotensive and not responding. He was requested to come to the hospital to see his patient. Respondent, whose office is in close proximity to the hospital, responded within a couple of minutes and arrived on the surgery floor at 3:30 p.m.

VII

The hematocrit was drawn at 3:15 p.m. and finished at 3:21 p.m. The respondent received the results of the hematocrit some time after arriving at the hospital. The results of the hematocrit was a reading of 27.2, down from preoperative reading of 45. Upon arriving at the hospital, the respondent spoke with the nurse supervisor and requested that the patient be moved to intensive care so she could be monitored more closely. The intensive care unit was unavailable and it was agreed that the patient should be transferred to the progressive care unit. The transfer took place at approximately 3:50 p.m. Respondent left the hospital while the transfer of the patient was taking place and he returned to her bedside at approximately 4:00 p.m. The patient's attending nurse in the progressive care unit was Gail Petracca. Nurse Petracca's notes at 4:00 p.m. indicated that the patient's blood pressure was 50 over 40, with a pulse rate of 100. She notes that the patient's color is pale, blood pressure very weak, and hard to hear, pulse weak and thready, the patient very restless, and I. V.'s are infusing well. At 4:15 p.m., nurse Petracca notes the patient's blood pressure is 50 over 42, and that she continues to be very restless, becoming cool and clammy and diaphoretic.

At approximately 4:15 p.m., the respondent began examining the patient by first removing the vaginal pack and examining the patient vaginally to determine whether or not

she was bleeding from the site of the surgery. Respondent did not find any signs of external bleeding from this site, so he raised the patient's position in bed from a trendelenburg position to a semi-fowler position for ten minutes to see if that would result in any blood flowing down into the vault of her vagina. When no blood was found at respondent's operative site, the plastic surgeon, Dr. Griffiths, was called in at approximately 4:30 p.m. to examine his operative site for bleeding. He arrived at approximately 5:00 p.m.

VIII

Respondent contends that he first ordered blood for the patient from nurse Petracca at 4:45 p.m. This is not supported by the evidence. Respondent was with Dr. Griffiths when he examined the patient between 5:00 p.m. and 5:20 p.m. Dr. Griffiths does not recall any discussion regarding blood having been ordered or any concern shown by respondent that blood had not been hung during this time. Upon the completion of his examination, in which he found no bleeding from his operative site, Dr. Griffiths had a discussion with the respondent in which they agreed that a blood transfusion was necessary, along with exploratory surgery, in order to determine the site of the internal bleeding. As they walked down the hall, Dr. Griffiths recalls the respondent turning and walking back towards nurse Petracca and ordering blood for the patient. This would have been some time around 5:20 p.m. Nurse Petracca testified that she was not ordered to get blood for the patient until approximately 5:50 p.m. The evidence supports the finding that blood was first ordered for patient Janice M. at approximately 5:20 p.m.

IX

The second hematocrit was ordered at 3:45. It was drawn at 4:13, finished at 4:20 and the results arrived at approximately 4:30 p.m. The hematocrit reading was 24.5, a slight decline over the prior test.

X

Dr. Griffiths does not recall the patient being conscious during his examination of her between 5:00 p.m. and 5:20 p.m. He recalls that she was shocky, and that she did not respond to pain when he removed some stitches from her abdomen. I. V. fluids running wide open brought the patient's blood pressure up to a normal 120 over 80 at 5:00 p.m.

Dr. Griffiths and respondent both left the progressive care unit some time between 5:20 p.m. and 5:30 p.m. to prepare for surgery. The respondent had to call back members of the operating team because the surgery team leaves the hospital at 5:00 p.m.

Dr. Griffiths and the respondent did not see the patient until she was rolled into the operating room at 6:00 p.m. Nurse's notes of 6:00 p.m. indicate that the patient's respiration had become more labored and erratic and that she showed signs of hypoxia and postural reflexes of the arms. The blood that the respondent ordered was not hung until 6:00 p.m. and not started until 6:15 p.m. The exploratory laparotomy started at 6:35 p.m. Upon performing emergency surgery, it was discovered that the patient had a ruptured spleen, which resulted in a substantial loss of blood into the patient's abdomen. Expert witnesses estimated her blood loss to be anywhere between 70% and 82%. A splenectomy was performed. The patient did not respond to the secondary surgery and she was maintained on a respirator until she expired on July 22, 1982.

XI

Respondent demonstrated an extreme departure from the ordinary standard of conduct (gross negligence) in failing to respond more promptly to the clear indication that the patient's condition was rapidly deteriorating by 4:00 p.m. and seeing to it that she received a blood transfusion no later than 5:00 p.m. Respondent demonstrated a lack of skill or knowledge (incompetence) by not recognizing the patient's critical need for a blood transfusion and seeing to it that it was administered no later than 5:00 p.m.. Based on the way the patient looked and acted between 4:00 p.m. and 4:30 p.m., with low blood pressure, high pulse, and hematocrits of 27 and 24, compared with the preoperative hematocrit of 45, it should have been obvious that the patient was in shock and in serious trouble. The results of serial hematocrits should have indicated to respondent that the patient had lost nearly 48% of her blood volume or approximately 2,200 cc's out of 4,550 cc's. At 4:30 p.m., the patient's blood pressure demonstrated some rise, reaching 100 over 60 at that point. At 5:00 p.m., it was 120 over 80. This should have confirmed that the previous low blood pressure had been due to volume depletion. The patient's blood volume had decreased from a normal level to the point where she could not maintain normal blood pressure. When fluid I. V.'s were given, the total blood volume did increase, however, the oxygen carrying red blood cells were not being increased, depriving the patient's vital organs of necessary oxygen.

Even if it is assumed that the respondent ordered blood be transfused at 4:45 p.m., as he testified, he still demonstrated an extreme departure from the ordinary standard of conduct (gross negligence) by not personally seeing to it that the blood was hung and started before 6:15 p.m. He was on the patient's floor or in the patient's room between 4:45 p.m. and 5:30 p.m. and he should have seen to it that blood was being transfused before he went to prepare for surgery. In addition, 55 minutes elapsed from the time that he did order the blood transfusion, at 5:20 p.m., and the actual time the blood was transfused, at 6:15 p.m. As the attending physician, and considering the critical condition of the patient, the respondent should have monitored her more closely and seen to it that his orders were carried out in a timely manner.

DETERMINATION OF ISSUES

I

Based on the findings contained in paragraph XI of the Findings of Fact, respondent has been guilty of unprofessional conduct as defined by subparagraph (b) of Section 2234 of the Business and Professions Code and subject to discipline pursuant to said Section.

II

By reason of the findings contained in paragraph XI of the Findings of Fact, respondent has been guilty of unprofessional conduct as defined by subparagraph (b) of Section 2234 of the Business and Professions Code and is subject to discipline pursuant to said Section.

III

Based on the findings contained in paragraph XI of the Findings of Fact, respondent has failed to comply with and is in violation of the terms and conditions of probation in Case Number D-2733, a decision of the Board of Medical Quality Assurance, and is thereby subject to discipline.

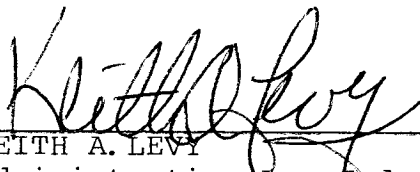
ORDER

Certificate number A-26728 issued to respondent, Raymond Alvin Schrecongost, M. D., is revoked pursuant to Determination of Issues I, II, and III. However, revocation is stayed and respondent is placed on probation for five years upon the following terms and conditions.

1. Respondent, as part of probation, is suspended from the practice of medicine for ninety (90) days commencing from the effective date of this decision.
2. Within 90 days of the effective date of this decision, respondent shall submit to the Division for its prior approval, an intensive clinical training program related to postsurgical patient care. The exact number of hours and the specific content of the program shall be determined by the Division or its designee.
3. Within 60 days of the effective date of this decision, or upon completion of the clinical training program, respondent shall take and pass an oral clinical examination to be administered by the Division or its designee. If respondent fails this examination, respondent must wait three months between reexaminations, except that after three failures respondent must wait one year to take each necessary reexamination thereafter. The Division shall pay the cost of the first examination and respondent shall pay the cost of any subsequent examinations. If respondent fails to take and pass this examination by the end of the first year of probation, respondent shall cease the practice of medicine until this examination has been successfully passed and respondent has been so notified by the Division in writing.

4. Respondent shall obey all federal, state, and local laws, and all rules governing the practice of medicine in California.
5. Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Division, stating whether there has been compliance with all the conditions of probation.
6. Respondent shall comply with the Division's probation surveillance program.
7. Respondent shall appear in person for interviews with the Division's medical consultant upon request at various intervals and with reasonable notice.
8. In the event respondent should leave California to reside or practice outside the state, respondent must notify the Division in writing of the dates of departure and return. Periods of residency or practice outside California will not apply to the reduction of this probationary period.
9. Upon successful completion of probation, respondent's certificate will be fully restored.
10. If respondent violates probation in any respect, the Division, after giving respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an accusation or petition to revoke probation is filed against respondent during probation, the Division shall have continuing jurisdiction until the matter is final and the period of probation shall be extended until the matter is final.

Dated: December 24, 1984



KEITH A. LEVY
Administrative Law Judge
Office of Administrative Hearings

Exhibit A

EXHIBIT A

1 GEORGE DEUKMEJIAN, Attorney General
of the State of California
2 JOEL S. PRIMES
Deputy Attorney General
3 555 Capitol Mall, Suite 350
Sacramento, California 95814
4 Telephone: (916) 445-5312

5 Attorneys for Complainant
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8 BEFORE THE
DIVISION OF MEDICAL QUALITY
9 BOARD OF MEDICAL QUALITY ASSURANCE
DEPARTMENT OF CONSUMER AFFAIRS
10 STATE OF CALIFORNIA

11 In the Matter of the Accusation)	No. D-2733
Against:)	
12)	
RAYMOND ALVIN SCHRECONGOST, M.D.)	STIPULATION
13 17577 N. Kennison Lane)	<u>AND ORDER</u>
Lodi, California)	
14)	
License No. A-26728)	
15)	
Respondent.)	
16)	

17 Respondent, Raymond A. Schrecongost, M.D., by and
18 through his attorney, Robert J. Sullivan, and the Board of
19 Medical Quality Assurance, Division of Medical Quality, through
20 its counsel Deputy Attorney General Joel S. Primes, do hereby
21 enter into the following stipulation.

22 1. Respondent, Raymond A. Schrecongost, M.D., hereby
23 acknowledges receipt of Accusation No. D-2733, Statement to
24 Respondent and copies of the Notice of Defense form.

25 2. Respondent and his counsel have fully discussed the
26 charges and allegations contained in said Accusation No. D-2733
27 on file with the Division of Medical Quality, Board of Medical

1 Quality Assurance, and respondent has been fully advised with
2 regard to his rights in this matter.

3 3. Respondent is fully aware of the right to a
4 hearing on the charges and allegations contained in said
5 Accusation No. D-2733, his right to reconsideration, appeal and
6 any and all other rights which may be accorded pursuant to the
7 California Administrative Procedure Act and the laws of the
8 State of California.

9 4. Respondent hereby freely and voluntarily waives
10 his right to a hearing, reconsideration, appeal, and any and all
11 other rights which may be accorded by the California
12 Administrative Procedure Act and the laws of the State of
13 California with regard to said Accusation No. D-2733.

14 5. For the purposes of this proceeding, respondent
15 admits each and every allegation contained in Accusation No. D-
16 2733. Based on the foregoing stipulation, the Division of
17 Medical Quality, Board of Medical Quality Assurance, may issue
18 the following order:

19 A. The license to practice medicine and surgery in
20 the State of California heretofore issued to respondent is
21 revoked; provided, however, execution of this order of
22 revocation shall be stayed and respondent shall be placed on
23 probation for a period of five years from and after the
24 effective date of this decision upon the terms and conditions
25 listed herein:

26 (1) Respondent shall not prescribe, administer,
27 dispense, order, or possess any controlled substances as defined

1 by the California Uniform Controlled Substances Act, except for
2 those drugs listed in Schedules IV and V of the Act.

3 However, respondent is permitted to prescribe,
4 administer, dispense or order controlled substances listed in
5 Schedules II and III of the Act for in-patients in a hospital
6 setting, and not otherwise.

7 (2) Respondent shall maintain a record of all
8 controlled substances prescribed, dispensed or administered by
9 respondent during probation, showing all the following: 1) the
10 name and address of the patient, 2) the date, 3) the character
11 and quantity of controlled substances involved, and 4) the
12 pathology and purpose for which the controlled substance was
13 furnished.

14 Respondent shall make such records available for
15 inspection and copying by the Division or its designee, upon
16 request.

17 (3) Respondent shall obey all federal, state, and
18 local laws and all rules governing the practice of medicine in
19 California.

20 (4) Respondent shall submit quarterly declarations
21 under penalty of perjury on forms provided by the Division,
22 stating whether there has been compliance with all the
23 conditions of probation.

24 (5) Respondent shall comply with the Division's
25 probation surveillance program.

26 (6) Respondent shall appear in person for interviews
27 with the Division's medical consultant upon request at various

1 intervals and with reasonable notice.

2 (7) In the event respondent should leave California
3 to reside or to practice outside the State, respondent must
4 notify in writing the Division of the dates of departure and
5 return. Periods of residency or practice outside California
6 will not apply to the reduction of this probationary period.

7 (8) If respondent violates probation in any respect,
8 the Division, after giving respondent notice and the opportunity
9 to be heard, may revoke probation and carry out the disciplinary
10 order that was stayed. If an accusation or petition to revoke
11 probation is filed against respondent during probation, the
12 Division shall have continuing jurisdiction until the matter is
13 final, and the period of probation shall be extended until the
14 matter is final.

15 (9) Upon successful completion of probation,
16 respondent's certificate will be fully restored.

17 (10) Within 30 days of the effective date of this
18 decision, respondent shall submit to the Division for its prior
19 approval a community service program in which respondent shall
20 provide free medical services on a regular basis to a community
21 or charitable facility or agency for at least four hours a week
22 for not less than fifty weeks a year for the first two years of
23 probation.

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1 It is agreed that the terms set forth herein shall be
2 null and void and not binding upon the parties hereto unless
3 approved by the Board of Medical Quality Assurance of the State
4 of California.

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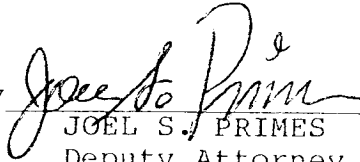
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1 DATED: 1-15-82

2 GEORGE DEUKMEJIAN, Attorney General
3 of the State of California

4
5 By

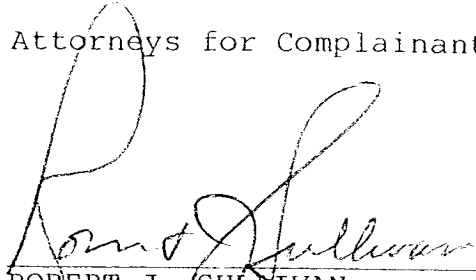


JOEL S. PRIMES

Deputy Attorney General

Attorneys for Complainant

8
9 DATED: 1/14/82



ROBERT J. SULLIVAN

Attorney at Law

Attorney for Respondent

14 I have read the above document and fully discussed it
15 with my counsel. I agree to the above stipulation.

16 DATED: 1-11-82


RAYMOND ALVIN SCHRECONGOST, M.D.

Respondent

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ORDER

The foregoing stipulation and order is approved and accepted as a decision of the Division of Medical Quality, Board of Medical Quality Assurance. This decision is effective the 21st day of May, 1982.

So ordered this 21st day of April, 1982.

BOARD OF MEDICAL QUALITY ASSURANCE
DIVISION OF MEDICAL QUALITY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA



MILLER MEDEARIS
Secretary-Treasurer